



Your business  
is our business.

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October 15, 2013

**VIA Electronic Comment Filing System**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of GulfPines Communications, LLC  
Study Area Code 289015**

Dear Ms. Dortch:

On behalf of GulfPines Communications, LLC, JSI files the attached FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.<sup>1</sup>

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

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<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	289015
<015> Study Area Name	GULFPINES COMMUNICATIONS
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Rick Bennett
<035> Contact Telephone Number: Number of the person identified in data line <030>	601-764-3463
<039> Contact Email Address: Email of the person identified in data line <030>	rbennett@nexband.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	<input type="text" value="0.0"/>			
<420> Mobile	<input type="text"/>			
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>	
<440> Fixed	<input type="text"/>			
<450> Mobile	<input type="text"/>			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> <input type="text" value="289015ms510"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> <input type="text" value="289015ms610"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	289015
<015>	Study Area Name	GULFPINES COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5		
<111>	year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

\_\_\_\_\_  
Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets  
<114> Report how much universal service (USF) support was received  
<115> How (USF) was used to improve service quality  
<116> How (USF) was used to improve service coverage  
<117> How (USF) was used to improve service capacity  
<118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**(200) Service Outage Reporting (Voice)  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

[illegible]

<b>(700) Price Offerings including Voice Rate Data</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

<703>	<a1>	<a2>	<a3>	<b1>	<b2>
					Residential

<b>(710) Broadband Price Offerings</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986 / OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	289015
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<015>	Study Area Name	GULFPINES COMMUNICATIONS
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<020>	Program Year	2014
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<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
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<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com
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[illegible]

<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com
<810>	Reporting Carrier	GulfPines Communications, LLC
<811>	Holding Company	Fail Telecommunications Corporation
<812>	Operating Company	GulfPines Communications, LLC

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

<1120> Please check this box to confirm no terrestrial backhaul  
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers  
broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☐

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	289015ms1210
		Name of attached document (.pdf)
<1220>	Link to Public Website	HTTP <a href="http://www.gulfpines.com/Lifeline_Information.htm">http://www.gulfpines.com/Lifeline_Information.htm</a>

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |        |   |                                     |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

**(2000) Price Cap Carrier Additional Documentation****Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

<input type="checkbox"/>
<input type="checkbox"/>

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

<input type="checkbox"/>
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**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Name of Attached Document Listing Required Information

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**(3000) Rate Of Return Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	289015
<015>	Study Area Name	GULFPINES COMMUNICATIONS
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<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexusband.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

**Progress Report on 5 Year Plan**

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/> (Yes/No)
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3018)	If the response is no on line 3014, Is your company audited?  If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="checkbox"/>

**Certification - Reporting Carrier  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	289015
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<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>John Staurulakis, Inc.</u>
Name of Reporting Carrier:	<u>GULFPINES COMMUNICATIONS</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> Date: <u>10/14/2013</u>
Printed name of Authorized Officer:	<u>Stephanie Hand</u>
Title or position of Authorized Officer:	<u>Controller</u>
Telephone number of Authorized Officer:	<u>601-764-3463</u>
Study Area Code of Reporting Carrier:	<u>289015</u> Filing Due Date for this form: <u>10/15/2013</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	<u>GULFPINES COMMUNICATIONS</u>
Name of Authorized Agent or Employee of Agent:	<u>John Staurulakis, Inc.</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> Date: <u>10/14/2013</u>
Printed name of Authorized Agent or Employee of Agent:	<u>Lans Chase</u>
Title or position of Authorized Agent or Employee of Agent:	<u>Staff Director - Regulatory Affairs</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>770-569-2105</u>
Study Area Code of Reporting Carrier:	<u>289015</u> Filing Due Date for this form: <u>10/15/2013</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

## **Demonstration of Complying with Applicable Service Quality Standards and Consumer Protection Rules**

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”<sup>2</sup> The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”<sup>4</sup>

GulfPines Communications, LLC (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under state law and pursuant to the orders in Mississippi Public Service Commission Docket No. 2005-AD-662. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of Mississippi Public Service Commission which disclose rates, terms and conditions of service to customers; (2) adherence to state consumer protection requirements governing telephone providers under Title 39 Utilities, Part III Rules and Regulations Governing Public Utility Service , Subpart 1, General Rules, and Subpart 3, Special Rules – Telephone Companies, including requirements for customer

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<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

<sup>4</sup> *Id.* at n. 72.



service, billing, consumer complaints, rates and charges, and under Miss. Code Ann. Title 77, Chapter 3 statutes; and (3) truth-in-billing requirements; and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

### **Demonstration of Ability to Function in Emergency Situations**

GulfPines Communications, LLC (“Company”) hereby certifies that it is able to function in emergency situations as set forth in §54.202(a)(2)<sup>1</sup> and pursuant to orders in Mississippi Public Service Commission Docket No. 2005-AD-662. The Company’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment.

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<sup>1</sup> Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

July 2013

[illegible]



## Lifeline Assistance Program Application and Certification Form

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Last Four Digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MS Zip: \_\_\_\_\_

My Physical Address is ☐ Permanent ☐ Temporary ☐ Multi-Household

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number for which Lifeline Credits are to apply: \_\_\_\_\_

### = NOTICE =

**Lifeline is a federal benefit; only one Lifeline service is allowed per household; a household cannot receive benefits from more than one telephone service provider; a household is defined as any individual or group of persons living together at the same address sharing income and expenses (an "economic unit"); and Lifeline is a non-transferable benefit. Households receiving Lifeline benefits from more than one telephone company will be de-enrolled. Prosecution by the federal government for this offence is possible.**

Are you or any member of your household already receiving Lifeline benefits from a telephone company?  
☐ YES ☐ NO If yes, please be aware that only one Lifeline benefit is allowed for each household.

### = PROGRAM ELIGIBILITY CRITERIA =

\_\_\_\_\_ (Please initial if applicable) I certify that either a member of my household or I participate in the below-marked assistance program. I understand I must provide satisfactory documentation of this participation to GulfPines Communications.

- |  |   |
|--|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)      | <input type="checkbox"/> Medicaid                                   |
| <input type="checkbox"/> Low Income Home Energy Assistance (LIHEAP)            | <input type="checkbox"/> Supplemental Security Income (SSI)         |
| <input type="checkbox"/> National School Lunch Program's Free Lunch Initiative | <input type="checkbox"/> Federal Public Housing Assistance (Sect 8) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)        |   |

### -----OR-----

\_\_\_\_\_ (Please initial if applicable) I certify that my total household income is at or below 135% of the Federal Poverty Guidelines. I understand I must provide satisfactory documentation of this declaration to GulfPines Communications.



## Lifeline Assistance Program Application and Certification Form

I certify under penalty of perjury the following (initial by each certification):

\_\_\_\_\_ *I currently meet Lifeline eligibility as indicated on Page One of this document.*

\_\_\_\_\_ *I will notify GulfPines Communications within 30 days if I or my qualifying household member cease(s) to meet program eligibility as specified on Page One or, for any reason, no longer meet(s) all Lifeline eligibility criteria. I certify that I understand and agree to comply with this notification requirement under penalty of perjury and prosecution.*

\_\_\_\_\_ *If I move to a new address I will notify GulfPines Communications within 30 days of my move.*

\_\_\_\_\_ *If my address is temporary, I understand that I may be required to verify my address with GulfPines Communications every 90 days.*

\_\_\_\_\_ *I certify my household is not receiving nor will it receive Lifeline benefits from another telephone company such as Safelink, Assurance, and Reachout Wireless while enrolled in the Lifeline program with GulfPines Communications.*

\_\_\_\_\_ *I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law and will result in program de-enrollment and possible program debarment, fines, or imprisonment.*

\_\_\_\_\_ *I acknowledge that I will be required to provide proof of continuing program eligibility at least once each year when notified by GulfPines Communications, and any failure to do so, on my part, will result in de-enrollment from the Lifeline Assistance Program.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SPACE RESERVED FOR OFFICE USE**

Date of eligibility review: \_\_\_\_\_

Description of applicant's proof of eligibility: \_\_\_\_\_

(i.e.: SNAP card, SSI program letter, federal tax return, three consecutive months of paycheck stubs, etc.)

Proof of applicant's eligibility reviewed by: \_\_\_\_\_

(GulfPines Communications authorized signature required)

## GulfPines Communications

### Service Application

Non-Published: \$5.50 \_\_\_\_\_

Date \_\_\_\_\_ Service Number \_\_\_\_\_

Customer Name \_\_\_\_\_ Contact Number \_\_\_\_\_

SSN# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Service Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Sales Rep or CSR \_\_\_\_\_

How did you hear about our company? \_\_\_\_\_

### PACKAGES

#### Triple Play

##### Package 2

GPTV Expanded Basic

High Speed DSL

Local Calling W/ Features

\_\_\_ GL 1.5 Mg – \$79.85/\$95.85

\_\_\_ GB 3.0 Mg – \$89.95/\$105.85

\_\_\_ GS 6.0 Mg – \$99.85/\$115.85

#### Triple Play + Unlimited LD

##### Package 3

GPTV Expanded Basic

High Speed DSL

Local Calling W/ Features

\_\_\_ GL 1.5 Mg – \$89.95/\$105.85

\_\_\_ GB 3.0 Mg – \$99.85/\$115.85

\_\_\_ GS 6.0 Mg – \$109.85/\$125.95

#### Internet + Phone

##### Package A

High Speed DSL

Local Calling W/ Feat.

\_\_\_ GL 1.5 Mg – \$39.95

\_\_\_ GB 3.0 Mg – \$49.95

\_\_\_ GS 6.0 Mg – \$59.95

#### Internet + Phone W/ LD

##### Package B

High Speed DSL

Local Calling W/ Feat.

Unlimited Long Distance

\_\_\_ GL 1.5 Mg – \$49.95

\_\_\_ GB 3.0 Mg – \$59.95

\_\_\_ GS 6.0 Mg – \$69.95

#### GPTV + Internet

##### Expanded Option

GPTV Expanded Basic

High Speed DSL

\_\_\_ GL 1.5 Mg – \$75.95

\_\_\_ GB 3.0 Mg – \$85.95

\_\_\_ GS 6.0 Mg – \$95.95

#### GPTV HD + Internet

##### HD

GPTV Expanded Basic

High Def. GPTV

High Speed DSL

\_\_\_ GL 1.5 Mg – \$85.85

\_\_\_ GB 3.0 Mg – \$95.85

\_\_\_ GS 6.0 Mg – \$105.85

#### GPTV HD Premium + Internet

##### Premium

GPTV Expanded Basic

High Def. GPTV

Showtime/Starz/Encore

High Speed DSL

\_\_\_ GL 1.5 Mg – \$109.95

\_\_\_ GB 3.0 Mg – \$119.95

\_\_\_ GS 6.0 Mg – \$129.95

### INDIVIDUAL PRICING

\_\_\_ \$49.95 – GPTV Basic Ch. (160)

\_\_\_ \$6.95 – Exp. Basic Ch. (14)

\_\_\_ \$10.95 – High Def. Ch. (32)

\_\_\_ \$14.95 – Showtime (26)

\_\_\_ \$11.95 – Starz/Encore (18)

\_\_\_ \$19.95 – DSL 1.5 Mg

\_\_\_ \$29.95 – DSL 3.0 Mg

\_\_\_ \$39.95 – DSL 6.0 Mg

\_\_\_ \$19.95 – Local Calling Plan

\_\_\_ \$25.00 – SL1 Local Calling Plan

\_\_\_ \$29.95 – Local Calling W/ Feat.

\_\_\_ \$15.00 – Unlimited Long Distance

\_\_\_ \$0.05 – Long Distance Per Minute

### OTHER CHARGES AND EQUIPMENT

\_\_\_ \$5.00 – Additional Set Top Box (Monthly)

\_\_\_ \$10.00 – Personal Video Recorder (Monthly)

\_\_\_ \$50.00 – Internet Modem Wired

\_\_\_ \$65.00 – Internet Modem Wireless

CUSTOMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_